



COMMUNITY DEVELOPMENT DEPARTMENT
Building Inspection Division
221 West Pine St./PO Box 3006, Lodi, CA 95241-1910
(209) 333-6714

Fire Protection Equipment Permit Application

Date _____ Project Name _____

Job Address _____

Project Description _____

Occupancy Type(s): _____

☐ New Construction

☐ Tenant Improvement

Property Owner

Name _____
Address _____
City/State/ZIP _____
Phone _____

Architect/Engineer

Name _____
Address _____
City/State/ZIP _____
Phone _____
Email _____

Contractor

Name _____
Address _____
City/State/ZIP _____
Phone _____
Fax _____
Email _____ Lic. Class _____
License # _____ License Exp. Date _____

Project Manager

Name _____
Address _____
City/State/ZIP _____
Phone _____
Fax _____
Email _____

Construction/Building Code Classification

- ☐ Compressed Gas System
☐ Hazardous Materials ☐ Medical
☐ Fire Alarm System
☐ Fire Alarm System for Fire Sprinkler Monitor
☐ Fire Pump
☐ Fire Sprinkler System
 ☐ Riser #1 Number of Risers _____
 ☐ Riser #2 Number of Heads _____
 ☐ Riser #3 Number of Heads _____
 ☐ Riser #4 Number of Heads _____
☐ Halon/Clean Agent System
☐ Hood & Duct Fire Suppression System
 Number of Hood & Duct Systems _____
☐ Spray Booth
☐ Standpipe/ Hose Station

APPLICANT SIGNATURE _____ Date _____

Application Accepted by _____ Date _____